

California State Journal of Medicine.

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Medical Society of the State of California

PHILIP MILLS JONES, M. D., Secretary and Editor

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JUNE., 1908.

No. 6

EDITORIAL NOTES.

A WORD EXPLANATORY.

At the Coronado meeting, one or two members of the Society stated to the editor that some members—the number or proportion seemed to be but vaguely known—were restless under the assessment of \$3 which is paid by every county society to the State Society for each of its members. It was stated that a number of members could not see what good or benefit was derived from the State Society membership; and that, if they could, they would belong only to the county society. There were also some other things said, all of which the editor took unto himself and mentally digested. As a result, when the House of Delegates met and reports were being presented by the officers, the editor took the occasion to present, verbally, a resume of his connection with the Society and his views on the subject of the proper work of the Society. After the session he was requested, by a large number of delegates, to place the remarks in writing and publish them in the JOURNAL. It is for this reason that the following very personal editorial has been written and here appears. And for the reason that it is so personal, something distasteful to the editor himself, this word of explanation has been made.

Are Medical Organization and the State Society Worth While?

I ask your indulgence, for a few moments, that I may present to you some facts, partly historical and partly statements of altruistic purposes; but I believe that they are of sufficient importance to require your attention.

In 1902, at the request of the council, I assumed the editorial control of your JOURNAL—in fact, started it. This was not hastily done but only after due consideration and careful thought; nor was it done with any misunderstanding existing between myself and the Council. I had for some time been studying the awful proprietary degradation to which our profession had been brought, and it seemed to me that a change might be brought about if, even in one state, the medical profession could be brought together and shown just a little of the actual condition. It was well known, at least to the then members of the Council, that I proposed, as editor, to use the full strength of the JOURNAL for this purpose and to further the ends of medical organization and the medical control of public health matters.

As you all know, conditions in the medical profession in this state were, at that time, chaotic, to say the least. The State Society had never numbered more than 350 members and very few counties in the state could boast a county medical society. War had reigned in our profession constantly for much more than a quarter of a century. Of health laws there were, practically, none; our State Board of Health could only exercise an advisory activity which it did in a most unsavory manner. The Council decided to undertake the better organization of the medical profession in the state and they asked me to conduct the work. Before the end of 1903 a considerable number of county medical societies had been organized, and during the following year the work was continued. In some sections where meetings were called to organize county medical societies, it was necessary for the Councillors present to introduce to each other medical gentlemen who had been living in the same town for years, but were not on speaking terms.

The work proceeded; at times, most discouragingly; but there was enough of encouragement to warrant keeping it up and enough to make me believe that much betterment might come about in the course of years. Again I thought the whole matter over carefully. I realized that the Society could not ever, no matter how it might grow, nor how its JOURNAL might prosper, pay me an income in any way approaching that which I had earned in practice and could earn again, either in the same way or if my time were wholly devoted to other things. But it also was evident that the Society would be in a position to pay enough to provide a sufficient living and cover my modest wants; it was also evident that some of the objects

portal connective tissue is markedly increased so as to form thick bands, which entirely wall off the liver lobules. The connective tissue is quite cellular, infiltrated with lymphocytes and new-formed connective tissue cells. It contains numerous new-formed bile ducts and veins with thick walls. The liver cells show atrophy near the periphery of the lobules, but toward the center they are markedly hypertrophied. There are numerous fat droplets in liver cells within centers and periphery of lobules. Kidney. Considerable diffuse increase in connective tissue under the capsule, which is thickened, are small areas in which the connective tissue is much increased, the tubules atrophied and in which the glomerulae show hyaline degeneration and the arteries are sclerotic. The tissues between these areas are comparatively normal. Another section of kidney shows the same condition but less marked. Spleen. This shows a marked thickening of the capsule and trabeculae and sclerosis of the arteries, and the pulp is markedly indurated with new-formed connective tissue. The venous sinuses are engorged with blood and the Malpighian bodies small. Prostate, shows a marked dilatation of the glands into the small cysts with very irregular walls, which are lined with one row of low epithelial cells and filled with a homogeneous substance, which stains deep purple with hematoxylin and light brown with Van Gieson.

The autopsy findings of this case of severe cirrhosis of the liver, with its sequelae, are of interest taken in conjunction with the history and the fact that they developed in a man of exemplary habits, who did not use alcohol, was very careful in his diet, had no syphilitic history and no history of the use of drugs, or of poisoning by lead nor of gout, which are commonly considered the causes of cirrhosis. This seems to be a case which is caused directly from disorder of the intestinal tract. The history of appendicitis followed by a subacute peritonitis, with marked intestinal disorders following, due probably to the adhesions of the intestinal tract with their consequent inability to perform their function properly, seem to be sufficient causes for the symptoms produced. It has been found experimentally that acetic acid, lactic and butyric acids injected into animals will set up a cirrhosis of the liver. It would appear, therefore, that alcohol in itself may not necessarily be the cause of cirrhosis of the liver, and probably the effect of alcohol to derange the digestion in the intestines with the effect that toxic substances are produced directly causes the cirrhosis of the liver. The history of hemorrhages in this case is interesting when it is considered that no definite point of bleeding could be made out at autopsy. It seems to be one of those cases of arechymatous intestinal hemorrhage described by Reichard, in which the bleeding takes place from a large blood vessel or there is an oozing from a part or the whole of the intestinal tract due to impeded circulation through the liver.

Discussion.

Dr. Hirschfelder: This is a very interesting case, not only from the clinical but also from the pathological side. The etiology of cirrhosis of the liver is a long-disputed point. It is a matter of doubt whether the alcohol or the other ingredients of alcoholic drinks are the real cause of cirrhosis. On the other hand, pepper and other spices, as well as the various products of intestinal decomposition, may give rise to the disease. The fact that a man has not admitted to the use of alcohol would not prove that the cirrhosis was not due to alcohol because much would depend upon the condition of the stomach when the alcohol reached it. A man might take a small quantity of alcohol in the shape of a cocktail on an empty stomach and do the mischief. Or he might take a great deal of alcohol only once, and thus have cirrhosis of the liver. The next point

of interest is the intestinal hemorrhage. It is quite probable that in this case the venous stasis produced by the mitral stenosis was added to that occasioned in the intestinal tract by the cirrhosis of the liver. It is very difficult for us to form a picture from post-mortem examination of what takes place during life. I do not suppose any of us have imagination sufficient to picture the intestinal tract in cases of cirrhosis of the liver. I am sure I cannot call up any picture which corresponds to the facts. I have no doubt there is congestion of the tissues, which is greater than we think probable and that under such conditions hemorrhage similar to that of nosebleed may occur.

Dr. I. W. Thorne: The production of cirrhosis of the liver in non-alcoholic men I know to be a fact, for I have seen several non-alcoholics who have lived the so-called ideal life with one exception and that is that they were inordinate eaters. They did not drink, but they would eat whenever they could. I really think that the overuse of food has just as much to do with cirrhotic liver as any other etiologic factor. These men in the country who do not go to town for more than once in three or four months make it a habit of having immensely abundant tables at their homes, and when they come to town the first place they go is to a good restaurant. I remember two cases who had practically the same history as these cases, both having had hemorrhages and both having had cirrhosis of the liver and dying.

Dr. Morton Gibbons: An interesting point in this case was in trying to foretell these hemorrhages. After he had had two hemorrhages, I realized that one of them would probably be the last. Before the time of the first hemorrhage he had been in the country traveling on business. He noticed that while feeling well, for two or three days before the attack there was an oily taste in the mouth and slight gastric discomfort. Probably there was some hemorrhage going on at that time. Before the second attack he fainted in his office and was taken home. It was twenty-four hours before the hemorrhage was manifest. Before the third attack he was sick in bed with bronchitis for three days before the hemorrhage. Twenty-four hours before the hemorrhage he had this same sinking feeling. The blood in the passages stopped very quickly after the first two hemorrhages. All occult blood was absent in three or four days. I did not make any tests, although I believe there must have been blood there before the hemorrhage became visible.

ADDITION TO NEW REMEDIES.

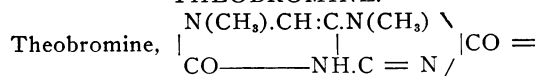
The following article was added to the list of new and non-official remedies approved by the Council on Pharmacy and Chemistry:

Dry Peptonoids (Soluble). Arlington Chem. Co.

NEW AND NON-OFFICIAL REMEDIES.

(Continued from May.)

THEOBROMINE.



$\text{C}_7\text{H}_5\text{O}_2\text{N}_4$, is a base occurring in Theobroma cacao, Kola acuminata, etc., and also made synthetically.

Actions and Uses.—Its uses are similar to caffeine, but it has relatively greater diuretic, cardiac and muscular activity. It does not act so powerfully on the central nervous system. It is recommended as a diuretic. The great obstacle to its use has been its insolubility and the consequent uncertainty of the degree of its absorption. It is liable to produce gastric disturbances. Dosage.—0.35 to 0.5 Gm. (5 to 8 grains).

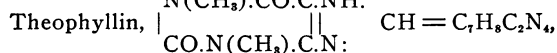
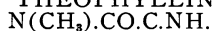
THEOBROMINE SODIUM SALICYLATE.

Theobromine sodium salicylate, $\text{NaC}_7\text{H}_7\text{N}_4\text{O}_2 + \text{NaC}_7\text{H}_5\text{O}_3$, is a double salt of theobromine-sodium and sodium salicylate.

Actions and Uses.—Its effects are the same as those of theobromine (which see), over which it has the advantage of greater solubility. **Dosage.**—1 Gm. (15 grains) five or six times a day. Its tendency to produce gastric irritation may be prevented by giving it in well-diluted solution, or, if preferred, in capsules or wafers, followed by water.

THEOCIN.

A name applied to synthetic theophyllin (see Theophyllin). Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

THEOPHYLLIN.

is an organic base isomeric with theobromine; it is found in small amounts in tea and is also made synthetically.

Actions and Uses.—Theophyllin is a powerful diuretic, claimed to surpass all other remedies of this kind, increasing not only the amount of liquid, but the solids in the urine as well, the secretion of urine being sometimes very copious. The diuretic effect, however, is not prolonged and its administration is, therefore, advantageously followed by one of the theobromine derivatives having a weaker, but more persistent, action. It occasionally produces gastric disturbances and renal irritation has also been reported. It is claimed that these may be obviated by the use of acettheocin-sodium (which see) instead. It is recommended in cardiac affections, nephritis, dropsy, etc. **Dosage.**—0.2 to 0.35 Gm. (3 to 5 grains) in warm tea.

THERMODIN.

Thermodin, $\text{C}_9\text{H}_9(\text{OC}_2\text{H}_5)(\text{N}(\text{COOC}_2\text{H}_5)(\text{CH}_3)\text{CO}) = \text{C}_{18}\text{H}_{17}\text{O}_4\text{N}$, is a compound of acetphenetidin (phenacetin) and ethyl carbamate (urethane).

Actions and Uses.—Thermodin is an analgesic, antipyretic and antiseptic. It is recommended as a mild and reliable antipyretic in typhoid fever, pneumonia, influenza, tuberculosis and febrile conditions in general, and is said to be free from unpleasant by-effects. **Dosage.**—0.3 to 0.6 Gm. (5 to 10 grains) as an antipyretic; 1 to 1.3 Gm. (15 to 20 grains) as an analgesic. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

THIOL.

Thiocol, $\text{C}_6\text{H}_3(\text{OH})(\text{OCH}_3)(\text{KSO}_3) 1:2:6 = \text{C}_7\text{H}_7\text{O}_3\text{KS}$, is the potassium salt of ortho-guaiacol sulphonic acid.

Actions and Uses.—Thiocol is said to be non-irritating to the mucous membranes of the digestive tract, readily absorbed and is claimed to promote appetite and improve nutrition. It is recommended in pulmonary tuberculosis, acute and chronic bronchitis, pneumonia, whooping cough, emphysema of the lungs, etc., as a means of relieving expectoration, diminishing night sweats and improving nutrition. **Dosage.**—0.3 to 1.3 Gm. (5 to 20 grains), in solution with orange syrup or in tablets. Manufactured by F. Hoffmann-LaRoche & Cie, Basel, Switzerland (The Hoffmann-LaRoche Chemical Works, New York).

TONOLS.

Tonol is a name applied by E. Schering to identify the glycerophosphates of his manufacture.

Action, Uses and Dosage.—These are described under glycerophosphates (which see). Manufactured by Chemische-Fabrik auf Actien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

THIOSINAMINE.

Thiosinamine, $(\text{NH}_2)\text{CS.NHCH}_2\text{CH:CH}_2 = \text{C}_4\text{H}_7\text{N}_2\text{S}$, is a condensation product of allyl thiocyanate and ammonia.

Actions and Uses.—Thiosinamine appears to cause or quicken the absorption of exudates, lymphatic swellings, scar tissue, etc., the action being unexplained. The opinions as to value are contradictory. It is recommended for use by hypodermic injection in lupus, chronic glandular tumors, cicatrices, etc. By the mouth in stricture, corneal opacity, chronic deafness. **Dosage.**—0.03 to 0.1 Gm. ($\frac{1}{2}$ to $1\frac{1}{2}$ grains) in capsules or tablet triturates; in subcutaneous injections, 0.05 to 0.2 Gm. (1 to 5 grains) in 15 per cent alcoholic or 10 per cent glycerinated water solution.

TRIFERRIN.

Triferrin is ferric paranucleinate; a compound of caseinparanucleinic acid with iron, containing 22 per cent of iron, 9 per cent of nitrogen and 2.5 per cent of phosphorus in natural (organic) combination.

Actions and Uses.—In addition to its hematinic action derived from the iron, it is claimed to act like lecithin by reason of the phosphorus in organic combination which it contains. It is said to agree with the most sensitive stomach, since it passes the stomach unchanged, but is freely absorbed in the intestines. It is recommended in anemia, chlorosis, neurasthenia, rachitis and general debility. **Dosage.**—0.3 Gm. (5 grains) in powder, taken during meals. Manufactured by Knoll & Co., Ludwigshafen a. Rh. and New York.

TRIFERROL.

Triferrol is an elixir of triferrin, containing 0.06 Gm. (1 grain) triferrin and about 1 Cc. (15 minims) of alcohol in 4 Cc. (1 fluidram).

Actions and Uses.—It is introduced as a convenient substitute for triferrin. **Dosage.**—16 Cc. (4 fluidrams) corresponding to 0.24 Gm. (4 grains) of the powder. Manufactured by Knoll & Co. Ludwigshafen a. Rh. and New York.

TRIKRESOL.

A liquid said to consist of 35 per cent orthocresol, 40 per cent metacresol and 25 per cent paracresol. It closely corresponds to Cresol, U. S. P. Manufactured by the Chemische Fabrik auf Actien, vorm. E. Elberfeld, Germany (Continental Color & Chemical Co., New York).

TRIONAL.

A name applied to Sulphonethylmethanum, U. S. P. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

TRIOXYMETHYLENE.

Trioxymethylene, $(\text{CH}_2\text{O})_x$, is a polymeric condensation of formaldehyde.

Actions and Uses.—Antiseptic and escharotic. It is recommended internally for diarrhea. Externally it is used chiefly to generate formaldehyde by heating, for disinfection, for inhalations in phthisis and coryza. It is also recommended for warts. **Dosage.**—Internally, 0.3 to 1 Gm. (5 to 15 grains); externally (for warts), in 10 per cent suspension in colodion. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

TRITIPALM.

A fluid extract, each 4 Cc. (one fluidram) of which is said to represent: Fresh saw palmetto 2 Gm. (30 grains) and triticum repens 4 Gm. (60 grains) in a menstruum containing 20 per cent of alcohol. **Dosage.**—4 to 8 Cc. (1 to 2 fluidrams) four times a day, preferably with water. Prepared by F. Stearns & Co., Detroit, Mich.

CHANGE OF ADDRESS.

Armstrong, Jno. M., from 416 Byrne Blk., to 2915 Pasadena ave., Los Angeles.

Allen, Chas. L., from 25 Euclid ave., Pasadena, to San Fernando Bldg., Los Angeles.

Brown, Newell, J., Jr., from 131 West 22d st., Los

Angeles, to Stagg, P. O. Box 14, San Bernardino Co., Cal.

Brown, Newbern, N., from 131 22d st., Los Angeles, to Bakersfield, Kern Co.

Barber, David C., from 253 Broadway, Los Angeles, to Security Bldg., Los Angeles.

Barlow, W. Jarvis, from 328 Wilcox Bldg., to Security Bldg., Los Angeles.

Beckett, Wesley W., from Conservative Life Bldg., to Pacific Mutual Bldg., Los Angeles.

Bewley, Marietta H., from 916-17 Union Trust Bldg., to Auditorium Bldg., Los Angeles.

Brainerd, Henry G., from Conservative Life Bldg., to Pacific Mutual Bldg., Los Angeles.

Bresee, Paul, from Conservative Life Bldg., to Lissner Bldg., Los Angeles.

Berry, Andrew J., from Copp Bldg., Los Angeles, to Bumiller Bldg., Los Angeles.

Barton, H. P., from 1301 So. Hope, to 447 So. Olive st., Los Angeles.

Bennett, Laura B., from San Pedro, to W. H. Hellman Bldg., Los Angeles.

Bridge, Norman, from 217 So. Broadway, to Auditorium Bldg., Los Angeles.

Clark, Royal F., from Byrne Bldg., to San Fernando Bldg., Los Angeles.

Colburn, John R., from 515 Huntington Bldg., to Delta Bldg., Los Angeles.

Cowles, J. E., from Wilcox Bldg., to Los Angeles Trust Bldg., Los Angeles.

Colliver, John Adams, from Bradbury Blk., to Laughlin Bldg., Los Angeles.

Chamberlain, H. H., from County Hospital, to Coulter Bldg., Los Angeles.

Edwards, Wm. A., from H. W. Hellman Bldg., to Security Bldg., Los Angeles.

Garcelon, Harris, from 229 No. Grand ave., to Douglass Bldg., Los Angeles.

Gerson, T. Percival, from W. H. Hellman Bldg., to 639 Westlake ave., Los Angeles.

Godin, A. F., from Potomac Bldg., to Auditorium Bldg., Los Angeles.

Gwaltney, Sylvester, from Mason Bldg., to Grosse Bldg., Los Angeles.

Hale, Geo. V., from Burbank, Cal., to Artesia, Cal. (temporarily).

Hagadorn, Jesse L., from Copp Bldg., to Bumiller Bldg., Los Angeles.

Huff, Lucius J., from Union Trust Bldg., to Auditorium Bldg., Los Angeles.

Kirkpatrick, J. L., from 114 So. Spring st., to Bumiller Bldg., Los Angeles.

Lund, Geo. J., from Trust Bldg., to Auditorium Bldg., Los Angeles.

MacGowan, Granville, from Merchants Bldg., Los Angeles, to Lissner Bldg., Los Angeles.

Martindale, Jno. H., from Johnson Bldg., to Auditorium Bldg., Los Angeles.

Mattison, Fitch C. E., from Stowell Bldg., to Chamber of Commerce, Pasadena.

Mattison, S. J., from Stowell Bldg., to St. Louis Bldg., Pasadena.

Noble, Mary L., from 319 Grant Bldg., to Auditorium Bldg., Los Angeles.

Nixon, Anne W., from 516 E. 7th st., Stirling, Ill., to 936 Graton st., Los Angeles.

Petter, Reginald S., from 1201 Central ave., to 853 Central ave., Los Angeles.

Oldham, Jno. Y., from Grant Bldg., to Ocean Park, Los Angeles.

Quint, Sumner, J., from Potomac Bldg., to Coulter Bldg., Los Angeles.

Rosenberger, J. A., from Sanger, Cal., to Byrne Bldg., Los Angeles.

Rogers, A. C., from Bryson Bldg., to Security Bldg., Los Angeles.

Shurtleff, Fred C., from Johnson Bldg., to Auditorium Bldg., Los Angeles.

Smith, Bernard, from I. W. Hellman Bldg., to Security Bldg., Los Angeles.

Smalley, Clifford A., from 1024 W. 23d st., to 1000 W. 23d st., Los Angeles.

Speicher, A. F., from 3005 Vermont ave., to Coulter Bldg., Los Angeles.

Stevens, Geo. M., from 1426 West 24th st., to 2405 So. Hoover st., Los Angeles.

Sherk, Henry H., from Slavin Bldg., Pasadena, to 268 So. Orange ave., Pasadena.

Turner, Wm. D., from 332 N. Raymond, Pasadena, to Stanton Bldg., Pasadena.

Walwath, G. B., from Copp Bldg., Los Angeles, to Security Bldg., Los Angeles.

Wilson, Andrew P., from 1824 Central ave., Los Angeles, to Lissner Bldg., Los Angeles.

Wier, Francis A., from 201 N. Madison ave., Pasadena, to 550 E. Walnut, Pasadena.

Wilson, J. M., from 1242 E. Colorado st., Pasadena, to 56 N. Euclid ave., Pasadena.

Beckingsdale, D. L., from Fort Mason, San Francisco, to S. S. "City of Panama," care of Pacific Mail Steamship Company, San Francisco.

Burrows, Fred G., from 1800 Sutter st., to Union Square Building, 350 Post st., San Francisco.

Deane, Louis C., from 2502 Washington st., to Union Square Bldg., 350 Post st., San Francisco.

Franklin, W. Scott, from S. W. cor. Sutter and Polk sts., to Butler Bldg., Geary and Stockton sts., San Francisco.

Johnson, Albert W., from 710 14th st., to 2095 Market st., San Francisco.

Kirk, Albert W., from 2127 Fillmore st., to Monadnock Bldg., 681 Market st., San Francisco.

Knorp, Francis Frederick, from 3009 Sacramento st., to Butler Bldg., Stockton and Geary sts., San Francisco.

Levison, Chas. G., from 2420 Pacific ave., to Union Square Bldg., 350 Post st., San Francisco.

McReynolds, R. P., from 219 N. Grand ave., Los Angeles, to Coulter Bldg., Los Angeles.

Madden, Thos. F., from Sanger, Fresno Co., to Millwood, Fresno Co.

Clark, D. A., from Santa Barbara County, to Middletown, Lake Co., P. O. Box 5.

Rookledge, P. L., from Cambria, to San Luis Obispo, Cal.

Lindsay, Wm. K., from 1029 2d st., Sacramento, to 706½ K st., Sacramento.

Deaths.

Los Angeles Co.—**Tanner, J. B.**; **Day, B. W.**;

Long Beach, **Porter, Chas. S.**

San Francisco.—**Conrad, Thos.**

Dropped.

Los Angeles Co.—**Chase, R. E.**; **Dickinson, D. K.**; **Freeman, E. M.**; **Hall, J. S.**; **Mathias, E. N.**; **Reynolds, F. W.**; **Rendon, V. A.**; **Sexton, C. L.**

Resigned.

Los Angeles Co.—**Keyes, Henry S.**; **Sleeper, K. R.** (transferred from Los Angeles Co. to Riverside Co.); **Stokes, W. H.**; **Brown, Newbern N.** (transferred from Los Angeles Co. to Kern Co.); **Rankin, Caroline W.**

New Members.

Anton, Francis L., Pacific Mutual Bldg., Los Angeles.

Bancroft, Irving R., Byrne Bldg., Los Angeles.

Sherer, Wm. W., Lissner Bldg., Los Angeles.

Scott, Alf. J., 119 So. Fremont ave., Los Angeles.

Sundin, P. O., 1516 Girard st., Los Angeles.

McCarthy, Isaac A., Union Trust Bldg., Los Angeles.

French, J. Rollin, 526 S. St. Louis st., Los Angeles.

Van Meter, S. Y., 101 East Ave. 57, Los Angeles.

Lissner, Henry H., Lissner Bldg., Los Angeles (transferred from San Francisco County).

Delinquent.

Anderson, Helen O.—Gone to Europe.

Ross, R. O.—Removed; address unknown.

BOARD OF EXAMINERS, APRIL SESSION.

Passed.		
School of Medicine.	Date of Graduation.	Percentage.
Cal. Med. (Ecl.) Coll., S. F., Cal.	5, 20, 02	75.7
Coll. of P. & S., Los Angeles, Cal.	6, 18, 07	78.3*
Coll. of P. & S., S. F., Cal.	6, 6, 07	78.6
Coll. of P. & S., S. F., Cal.	6, 25, 02	75.2
Cooper Med. Coll., S. F., Cal.	5, 8, 07	79.
Cooper Med. Coll., S. F., Cal.	5, 8, 07	(Condition in Aug. Ex. removed)
Univ. of Cal., S. F., Cal.	5, 14, 07	81.4
Univ. of Cal., S. F., Cal.	5, 14, 07	79.2
Univ. of So. Cal., L. A., Cal.	6, 14, 06	82.5
Univ. of So. Cal., L. A., Cal.	6, 13, 07	80.
Univ. of So. Cal., L. A., Cal.	—, —, 07	76. *
Bowdoin Med. Coll., Me.	6, —, 95	83.3 plus 5=88.3
Coll. of P. & S., Ill.	6, 4, 07	81.1*
Coll. of P. & S., Ill.	6, 15, 06	78.4*
Coll. of P. & S., Ill.	6, 4, 07	75. *
Coll. of P. & S., Columbia Univ., N. Y.	6, 13, 00	80.4
Detroit Coll. of Med., Mich.	3, —, 78	77.1 plus 15=92.1
Eclec. Med. Inst., Ohio	6, 2, 91	78.1 plus 5=83.1
Georgetown Univ., Wash., D. C.	—, —, 00	75.7*
Gross Med. Coll., Colo.	4, 14, 91	76. plus 5=81.
Harvard Univ. Med. Coll., Mass.	6, 27, 06	86.9
Kansas Med. Coll., Kans.	3, 23, 92	75. plus 5=80.
Long Island Hosp. Coll., N. Y.	6, 1, 05	80.8
McGill Univ., Montreal, Can.	6, 13, 02	84.7
Med. Chirur., Phil., Pa.	5, 28, 04	77.6
N. W. Univ., Ill.	6, 16, 04	81.8
N. Y. Homeo. Med. Coll., N. Y.	6, —, 02	80.8*
Omaha Med. Coll., Nebr.	3, 21, 92	82.3 plus 5=87.3
Rush Med. Coll., Ill.	6, 17, 03	75.
Univ. of Iowa	3, 17, 97	(Condition in Dec. Ex. removed)
Univ. of Mich.	6, 18, 03	82.5
Univ. of Mo.	4, 27, 97	74. plus 5=79.
Univ. of Penn., Pa.	6, 13, 95	82. *
Univ. of Penn., Pa.	5, 1, 90	79. plus 5=84.
Univ. of Toronto, Can.	—, —, 07	77.7
Yale Med. School, Conn.	6, —, 04	80.5

* On review of previous examinations these applicants have attained the necessary average.

Failed.

Coll. of P. & S., S. F.	5, 17, 06	74.
Coll. of P. & S., S. F.	6, 6, 07	73.7
Coll. of P. & S., S. F.	5, 17, 06	71.8
Coll. of P. & S., S. F.	5, 17, 06	68.2
Coll. of P. & S., S. F.	6, 6, 07	66.4
Coll. of P. & S., S. F.	7, 26, 02	61.6
Coll. of P. & S., S. F.	6, 6, 07	53.4
Cooper Med. Coll., S. F., Cal.	4, 28, 03	70.7
Cooper Med. Coll., S. F., Cal.	5, 8, 07	70.
Cooper Med. Coll., S. F., Cal.	5, 18, 07	69.9
Univ. of So. Cal., L. A., Cal.	6, 13, 07	73.6
Univ. of So. Cal., L. A., Cal.	9, 3, 04	71.2
Univ. of So. Cal., L. A., Cal.	6, 12, 02	66.6
Barnes Med. Coll., Mo.	5, 3, 04	68.9
Howard Univ., Wash., D. C.	5, 17, 91	25.4 plus 5=30.4
Louisville Med. Coll., Ky.	3, 25, 97	66.6 plus 5=71.6
Med. Coll. of Ohio	3, 1, 71	2.3 plus 15=17.3
Miami Med. Coll., Ohio	5, 6, 03	70.6
Nagasaki Med. Coll., Japan	11, 13, 02	20.8
Northern Inst. of Osteop., Minn.	6, 1, 97	55.5 plus 5=60.5
Univ. of Iowa	6, 12, 07	72.6
Univ. of Mich.	3, 6, 79	72.6 plus 10=82.6
Univ. of Mich.	6, 25, 91	71.3 plus 5=76.3
Univ. of Mich.	6, —, 92	69.3 plus 5=74.3

NEW LICENTIATES.

Adams, Chas. B.; Baker, Clark D.; Bucknam, Ralph W.; Conner, Ada S.; Conner, A. W.; French, J. R.; Graham, L. B.; Ham, J. G.; Hinman, C. J.; Hoffman, R. O.; Howell, Walter O.; Hunt, Helena A.; Hurst, J. H.; Johnson, P. V. K.; Johnston, Jas. H.; Jones, Carl P.; Keene, Walter P.; Knapp, Edw. V.; Lewis, W. J.; Loizleaux, Edw. S.; Melvin, J. T.; Myers, M. C.; Newman, H. P.; Owen, J. L.; Palmer, Chas. T.; Robinson, F. N.; Roeder, Geo.; Sawyer, W. A.; Sinclair, Rosa M.; Trout, F. M.; Walker, H.; Ward, Edgar K.; Warmer, Chas. A.; Webster, I. D.; Whedon, D. D.; Wortmann, H.